**DECLARATION FOR UTILITY OR** 

**DESIGN** 





PT-1949001

Sheldon Tobe

PTO/GB/01 (03-01)
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Attorney Docket Number

First Named Inventor

PATENT APPLIC		COMPLETE IF KNOWN			
(37 CFR 1.6	Application Nur	nber			
X Declaration D	Declaration	Filing Date			
Submitted OR 8	recialation Jubmitted after Initia Jiling (surcharge	Group Art Unit			
Ellos (3	37 CFR 1.16 (e)) equired)	Examiner Name	9		
As a below named inventor, I hereb	y declare that:				
My residence, mailing address, and d	itizenship are as state	d below next to my nan	ne.		
I believe I am the original, first and so					
names are listed below) of the subject	Mariar Mulan le draitu	ed and for which a part	ent is sought on t	ve nasunou eun	50C:
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rath Hand			•		
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The specification of which	(Title of the	e-Invention)			
is attached hereto and	*				
OR CR		•			
was filed on (MM/DD/YYYY)	12/20/2000	as United St	ates Application	Number or PCT I	international
<b>L</b>		<del></del>	•		
Application Number US 60/256,	,493 and was an	nended on (MM/DD/YY	m		(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-					
in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(s)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other					
than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filling date before that of the application on which priority is claimed.					
Prior Foreign Application	plication Foreign Filing Date Priority Certified Copy Attached?				
reamser(e)		(MM/PP/YYY)	, Diames	YES	No.

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: [Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form about be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: X Customer Nu or Bar Code I		23607		OR [		rrespondence address below
Name Address						
City			State			ZIP
Country	Telep	nhone				Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so amade are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the walldidy of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :		A petition h	as been	filed for	this un	signed inventor
Given Name  (first and middle (if any))	Given Name Family Name				BE	
inventor's * \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	l V					* 14/12/01
TORONTO Residence: City		ONTARI State	·	CANADA ountry		CA Citizenship
A240-2075 BAYVIEW AVI	ENUE					
TORONTO		State ONTAI	RIO	KIP M4N	3M5	Country CANADA
NAME OF SECOND INVENTOR:		A petition has	been fil	ed for thi	is unsig	ned inventor
Given Name  (first and middle [if any])  Family Name  or Surname						
inventor's Signature Date						
Residence: City	S	tate	Cour	ntry		Citizenship
Mailing Address						
City	9	itate	ZIP			Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						



Please type a plus eign (+) inside this box --

PTO/SB/81 (10-00)
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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Sheldon Tobe
Group Art Urill	
Examiner Name	
Attorney Docket Number	PT-1949001

Practitioners at Customer Number  OR  Practitioner(e) named below:  Name  Registration Number  Registration Number  Registration Number    Name	I hereby app	ooint:					7
Name   Registration Number	Practiti	oners at		23607	□	Number Bar Code	
as my/our attomey(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name Address Address City State  I am the:  Address  I am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 OFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  SHELBON TOBE  Signature  Signature  MOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple parms it more man once signature is required, see below.	T. Godin	31.01 ( <b>0</b> ) 110		<del></del>	Registrat	ion Number	1
The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Oity State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 OFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name SHELDON TOBE  Signature Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:							
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OR   Firm or Individual Name   Address   Zip   Country   Telephone   Fax   I am the:					ina abbiinariai i	<b></b>	
Individual Name Address  Address  City State Zip  Country  Telephone Fax  I am the:    Applicant/Inventor.    Assignee of record of the entire interest. See 37 CFR 3.71.   Statement under 37 OFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name SHELBON TOBE  Signature  Date # 14 12 6    NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see below.							
Address  City State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 OFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name SHELBON TOBE  Signature Signature Signature of at the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see below.			·				7
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Name SHELDON TOBE  Signature  Date  1/1/2/6/  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see below:					~~~ <u>~~</u>		7
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## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention   STERILE LOW BICARBONATE DIALYSIS CONCENTRATE SOLUTIONS					
As the below named inventor(s), I/we declare that:					
This declaration is directed to:					
The attached application, mx and	1				
Application No. 60/256.493 , filed on December 20, 2000.	l				
as amended on(if applicable);					
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;					
If we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filling date of the prior application and the national or PCT International filling date of the continuation-in-part application.					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF INVENTOR(S)					
Inventor one:Sheldon_Tobe					
Signature: % Suldon On Citizen of: Canadian	<				
Inventor two:					
Signature: Citizen of:	i I				
Inventor three:					
Signature: Citizen of:					
Inventor four:					
Signature: Citizen of:					

Additional inventors are being named on additional form(s) attached hereto.

Burdan Neur Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chilof Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



I, Sheldon Tobe whose full post office address is A240-2075 Bayview Avenue, Toronto, Ontario, Canada M4N 3M5, in consideration of One Dollar and other good and valuable consideration, the receipt of which is hereby acknowledged, do hereby sell and assign to DIALYSIS SOLUTIONS INC. whose full post office address is 380 Elgin Mills Road East, Richmond Hill, Ontario, L4C 5H2, Canada, all the right, title and interest in the United States of America and worldwide, in and to my invention relating to STERILE LOW BICARBONATE DIALYSIS CONCENTRATE SOLUTIONS as fully described and claimed in my application from which priority is claimed for a patent for such invention and all supplementary applications, continuation applications and divisional applications thereof and to all my corresponding right, title and interest in and to any patent which may issue therefor and any and all reissues thereof.

And I, on behalf of myself and my heirs, executors, representatives and administrators, hereby covenant and agree to do all such lawful acts and things and to execute without further consideration such further lawful assignments, documents, assurances, applications, and other instruments as may reasonably be required by said assignee, its successors, assigns or legal representatives, to obtain any and all Letters Patent of the United States of America for said invention and vest the same in said assignee, its successors, assigns or legal representatives.

WITNESS our hands and seals at the	)
	)
City ofProvince of Ontario	) SHELDON TOBE
this, 2001.	)
A Commissioner, Notary, etc.	
	Affidavit
On this day of	, 2001 personally appeared before me SHELDON TOBE to
•	ibed in the foregoing instrument, and who swore before me that
	loca in the foregoing instrument, and who swore before me that
he executed the same.	
	A Commissioner, Notary, etc.